



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date April 12, 2005

Name: Thomas J. Wrona, Ph.D.

Signature:

BRINKS
HOFER
GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Frederick J. LANG, et al.

Serial No.: 09/900,698

Filed: July 7, 2001

For: PRE-MOISTENED WIPE PRODUCT

Attorney Docket No: 659-1721

Examiner:

Wachtel, Alexis A.

Art Unit: 1764

Client No. 15938.1

TRANSMITTAL

Mail Stop: Issue Fee
Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Attached are:

- ☒ Transmittal Letter (in triplicate); Amendment After Notice of Allowance (13 pgs);
Form PTOL-85 Part B – Fee Transmittal; check in the amount of \$1700 for Issue Fee;
and
- ☒ Return Receipt Postcard

Fee calculation:

- ☐ No additional fee is required.
- ☐ An additional filing fee has been calculated as shown below:

					Small Entity			Not a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total	--	Minus	--	--	x \$9=			x \$18=	
Indep.	--	Minus	--	--	x 43=			x \$88=	
First Presentation of Multiple Dep. Claim					+\$145=			+ \$290=	
					Total	\$		Total	\$

Fee payment:

- ☐ Please charge Deposit Account No. 23-1925 in the amount of \$. A copy of this Transmittal is enclosed for this purpose.
- ☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

Date of Signature

Thomas J. Wrona, Ph.D. (Reg. No. 44,410)
Attorney for Applicants